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ABSTRACT

This paper begins by presenting a case study of a ten-year-old special education student to demonstrate protective factors that help develop resiliency in children with disabilities. The definition of resiliency is then discussed, and risk factors that affect children with special needs are identified, including family problems associated with drug addiction, poverty, abuse, neglect, negative school climate, community disorganization, and lack of access to basic human needs. Three protective factors that surface from resiliency studies are discussed and include caring and support, opportunities for participation, and a vision for the future. Characteristics of successful schools are identified, which include academic emphasis, teachers' clear expectations and regulations, a high level of student participation, and many varied, alternative resources such as libraries, vocational work opportunities, art, music, and extra curricula activities. The following teacher strategies for fostering resilience in special education students are provided: (1) keeping elementary special education students with one special education teacher while the student attends the school; (2) providing care and support, compassion, a listening voice, and basic trust; and (3) providing high/positive expectations, realistic challenges, firm guidance and respect, and recognition of and building on strengths. (CR)

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FOSTERING RESILIENCE

Fostering Resilience in Special Education Students

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Abstract

Resilience is the term used to describe a set of qualities that foster a process of successful adaptation and transformation despite risk and adversity. Special educators can nurture these qualities. Many children in special education are considered "at risk" by educators because of academic deficits or differences, but also have additional risk factors in their homes and communities. Schools that foster resiliency in their students tend to maintain realistically high academic standards, provide effective feedback and ample praise, and offer positions of trust and responsibility to their students. Teachers of the disabled and at-risk populations have the ability to influence their students and encourage their success by providing positive relationships, opportunities for participation and a vision of the future.

Case Study

The following case example demonstrates the resiliency of a ten-year-old special education student who had significant risk factors in her life.

Allison was a ten year old girl in a rural California school who was first noticed by her fourth grade teacher. In her journal writings, she mentioned death and her longing for her mother who had died of alcohol related causes when they were living in a town some 100 miles away. Her father had long abandoned them. After the mother's death, Allison was passed from relative to relative, none of whom were prepared to talk with her about her mother's death, let alone welcome her into their families for permanent residence. After more than a year, she was taken in by her half-sister, a young single mother, age 22, with two small children and one on the way. Although Allison's primary role was one of caretaker for her nephews and niece, she was, by good fortune, enrolled in a rural school where she was recognized for her congeniality, helpfulness, as well as her learning disability and speech delay. She was evaluated by the psychologist and speech therapist and recommended for placement in the learning disability and speech programs, as well as for weekly counseling with the psychologist.

Allison was very receptive to any and all suggestions and was most eager to improve her reading and academic skills. She was also delightful and loved by everyone who came in contact with her. She was the type of child who was always helping someone else, be it the teacher, a classmate or a small child on the playground.

Although Allison was somewhat restricted from after school activities by her responsibilities at home, which increased when her sister began work, she engaged in as many academic and extracurricular activities as possible. Her speech delay

decreased rapidly after six months of speech therapy. She progressed beautifully in her classes and was reading at grade level at the conclusion of the academic year. In counseling she dealt with her mother's death, father's death (which occurred during that year) and her current living situation. She also journaled on a regular basis and wrote poetry and short stories.

Allison kept in touch with supportive figures in her life such as relatives, peers, teachers, support staff and community members. Her vision was to complete high school and to attend beauty school so that she could become a hairdresser like her mother. She graduated from elementary, middle school and high school, participating in academics, sports and social activities. During high school, she obtained a part-time job to help out with expenses. She later attended beauty college and obtained a job as a hairdresser.

Several risk factors existed in Allison's early life. These include: alcoholism in both her mother and father, parental illness and subsequent death, parental abandonment, poverty, family denial of her mother's death and refusal to talk about it, move from relative to relative and school to school, and subsequent move in with an unknown half-sister and immediate responsibility for the care of younger children. One wonders how a child can adapt, survive, let alone thrive with so much trauma, change and sadness.

Allison's protective factors were many. She was attractive, engaging, of normal intelligence, helpful and eager to participate in educational, social and extracurricular activities. She was kindly regarded by educators and developed close relationships with teachers, special educators and their aides, support staff and peers. She had a dream of becoming a hairdresser, like her mother so that she could carry

that part of her mother with her. She took a pro-active approach to life and refused to see herself as a victim She was also able to ask for what she wanted and needed and persisted until she accomplished her goals.

Fostering Resilience in Special Education Students

Many children in special education are considered at risk by educators because of academic deficits or differences, but also have additional risk factors in their homes and communities. Longitudinal studies, several of which followed individuals over the course of a life span, have documented that half to two-thirds of children growing up in families with mentally ill, alcoholic, abusive, or criminally involved parents or in poverty stricken or worn-torn communities do overcome the odds and turn a life full of risk into one that manifests resilience (Werner, 1982). Resilience describes a set of qualities that foster a process of successful adaptation and transformation despite risk and adversity (Benard, 1995).

Behavioral Scientists have used the term resilience to describe three kinds of phenomena: (1) positive developmental outcomes in the lives of children who live in "high-risk" contexts, such as chronic poverty or parental substance abuse; (2) sustained competence under prolonged stress, such as the events surrounding the break-up of their parents' marriage; and (3) recovery from trauma (Henderson & Milstein, 1996). Despite such conditions, resilient children maintained a common set of individual dispositions and sources of support in the extended family and community that seemed to transcend ethnic, geographic, and social-class boundaries (Henderson & Milstein, 1996). Protective factors contributing to resilience are the set of qualities that can be innate or learned or can be external influences which support

the child through difficult situations. Through school years students may spend more time with their teachers than any other adult. Teachers and schools are often the most frequently encountered protective factor for the at-risk population. Most longitudinal studies of resilient children have noted that they enjoyed school, whether nursery school, grade school, or high school, and made it their home away from home, a refuge from their dysfunctional household. The more successful inner-city schools tended to maintain realistically high academic standards, provided effective feedback and ample praise, and offered positions of trust and responsibility to their students. Such structural support appeared to be an especially potent protective factor for children from divorce-prone homes and minority backgrounds (Werner, 1990).

Risk Versus Resiliency

Risk factors are well known to most school staff and include family problems associated with drug addiction, poverty, abuse, neglect, negative school climate, community disorganization, and lack of access to basic human needs (Benard, 1991). However, risk research is limited because it does not clearly show cause versus effect. A growing number of researchers are now arguing that the risk factor model burdens at-risk children with the expectation that they will fail, and ignores those who beat the odds (Butler, 1997).

The resiliency model offers an important message: that adversity does not automatically lead to dysfunction but can result in a number of varied outcomes for the individual experiencing trauma. Even an initial dysfunctional reaction to adversity can, over time, improve (Richardson, Neiger, Jensen, & Kumpfer, 1990). Resiliency is an important conceptual framework for the special educator because it offers the teacher hope in terms of the lasting effect one can have on students. Risk theories, on the other hand, say to the teacher that those students are going to have problems based

on their histories, and there is not much the teacher can do to mediate negative impact.

Longitudinal Studies on Resilience

Emmy Werner of the University of California at Davis survived the saturation bombings in Germany during World War II as a child and has spent the past 40 years studying resilient children in Hawaii. Werner's (1982) study examined 210 children from the island of Kauai and tracked them from birth into adulthood. The children were considered "high-risk" because they had been exposed before the age of two, to at least four of the following risk factors: poverty, parental health problems or congenital handicaps, mothers with low levels of education, family alcoholism, violence, instability, discord, or mental illness and being of mixed racial descent. Werner reported that as risk factors increased, the functional impact was geometric, not linear, and resulted in increased difficulty for the child. Rutter (1979) found that children exposed to one of six risk factors were able to function as well as children with no risk factors; but those with at least four risk factors were ten times more likely to manifest emotional disturbances.

Werner and colleagues found that about 138 of the 210 at-risk children exposed to four risk factors fared about as badly as expected by the age of 18; becoming pregnant, needing mental health services, or getting in trouble with the school or the law. The remaining 72, one out of three, developed into competent, confident and caring young adults. Werner identified protective factors that were not only present but influenced these successful participants (Butler, 1970).

Protective Factors

As babies, the resilient children were more likely to have outgoing, engaging personalities and early bonding with their mothers. The resilient children had at least average intelligence and more girls than boys were resilient. From the beginning, social factors played a significant role. Most of the resilient children formed an early bond with a primary care giver, who was often a grandparent, older sister or other member of the extended family. Those who were resilient but had not formed this bond were most adept at recruiting surrogate care givers and adult mentors such as teachers or parents of friends and these subjects were the most resilient of all (Butler, 1997). The resilient children also had an inner "locus of control" - an ability to control and shape the events that would directly effect them. They had developed confidence and hope (Butler, 1997).

The three protective factors that surface from resilience studies are caring and support, opportunities for participation, and a vision for the future (Benard, 1991). Special educators can help to not only nurture these factors but give their students what may be the only chance to be exposed to them. In the case of Allison, her special education teacher and aide had a significant impact on her participation in school and success as a student.

A Model for Special Educators

As Rutter (1979) pointed out, incorporating areas of relative strength into intervention programs should generate leverage for learning. Schools that established high expectations for all kids, and gave them the support necessary to achieve them, had higher rates of academic success (Benard, 1991). Successful schools, where even at-risk children succeeded, shared certain characteristics: academic emphasis, teachers' clear expectations and regulations, a high level of

student participation, and many, varied, alternative resources; such as libraries, vocational work opportunities, art, music, and extra curricular activities (Benard, 1991). Ideally, resiliency would be more likely in schools if students and effective teachers spent more time together. Schools should plan class schedules for students to remain with one teacher for three years instead of one. In elementary schools this would be easy to plan. At the high school level, one teacher could follow a group of students through an entire curriculum, for all of the high school years, assuming the students and teacher worked well together and only by mutual consent (Noddings,1988).

In an elementary special education program most students remain with one special education teacher while attending the school. This gives these teachers the unique opportunity for increased exposure to these students and this can have at least three major benefits. First, there is ample time for a relationship to develop. Second, cognitive capacity for discernment may be better developed when students study for an extended period of time with a teacher who regards this capacity as a legitimate target of development. Thirdly, students could begin the sensitive work of learning to be care givers as they saw care giving modeled (Noddings, 1988). Allison established close relationships with her special education teacher and aide, who then worked with her for her remaining four years of elementary school. They modeled care giving for her and she clearly became a caregiver for younger children at school and in her home.

According to Herbert Kohl, (1991), defining students as at-risk does not help their condition. It might be educationally and socially more effective to join with community members to fight poverty. Standing with the community is one way that shows that teachers not only care but are willing to act. Teachers also can provide the following: caring and support; compassion and a listening voice; believing and basic

trust. Other ways that teachers can foster resilience involve providing high/positive expectations, realistic challenges, firm guidance and respect, and recognizing and building on strengths.

Conclusions

Werner's longitudinal study suggested that nature and nurture constantly interact, presenting children with new options. Yet, nothing is fixed: of the two-thirds of at-risk children who were in trouble as teenagers, one half had corrected their pattern of behavior when they were revisited at age 31 (Butler, 1997).

Special educators have a unique opportunity to have an effect on the success of their students because in many cases they have the most exposure to them. Schools have the power to support academic and personal resiliency in students. Even if barriers to resiliency building for students exist in schools, individual teachers in individual classrooms can still create havens of resiliency building- environments that are also strongly associated with academic success. Allison is where she is today because of her ability to adapt to difficult life circumstances and use challenges as opportunities for growth. Many people supported her along her journey and made a difference in her life. Her special education teachers were certainly among those who served as protective factors.

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